



APPLICATION FOR REGISTRATION: EMERGENCY MEDICAL SERVICES

APPLICATION FEE \$25 LATE FEE \$50

I am applying for:

☐ New Registration ☐ Additional Registration ☐ Re-application

☐ Renew Existing Registration
(Must provide Registration Number)

CSR
Number:

Expiration
Date: MM / DD / YYYY

Online Payment Trace Number

Online Transaction Date (MM/DD/YYYY)
/ /

APPLICANT INFORMATION

EMS
Service:

Email Address:

Current Board License Number:

Expiration Date: / /
(MM/DD/YYYY)

Current Federal (DEA) Registration Number (IF Any):

Expiration Date: / /
(MM/DD/YYYY)

Current National Provider Identifier (NPI) (IF Any):

Business
Address:
(Physical Address
required, if using a
P.O. Box)

City: State: xx ZIP Code: County:

Phone Number Type:

☐ Office ☐ Cell ☐ Home

Number: () - ext.

International ☐ Yes
Phone #: ☐ No

MEDICAL DIRECTOR INFORMATION (Must be completed every year)

Last Name: First Name: Middle Name: Suffix: (IF ANY) Degree:

Medical Board Number:

CSR Number:

Medical Director: _____ Date: MM / DD / YYYY , _____
(Signature) (Printed Name)

DRUG SCHEDULES (Select all that apply)

☐ (2) SCHEDULE II, NARCOTIC ☐ (3) SCHEDULE III, NARCOTIC ☐ (4) SCHEDULE IV
☐ (2N) SCHEDULE II, NON-NARCOTIC ☐ (3N) SCHEDULE III, NON-NARCOTIC ☐ (5) SCHEDULE V

Applicant Name:	Board License Number:
LIABILITY QUESTIONS (Must be completed)	
1. Is the applicant currently authorized to handle controlled substances under the Federal Controlled Substances Act (DEA Registration)?	○ Yes ○ No
2. Has the applicant been convicted or placed on community supervision or other probation for a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? <i>(If yes, attach a letter stating circumstances of such actions.)</i>	○ Yes ○ No
3. Has any previous registration held by the applicant, corporation, firm, partner, officer, or stockholder of the applicant under the Texas or Federal CSA been surrendered, revoked, denied, or is it pending such action? <i>(If yes, attach a letter stating circumstances of such actions.)</i>	○ Yes ○ No
4. If the applicant is a corporation, association, or partnership, the following must be answered. Has any officer, partner, or stockholder been convicted of a felony, a violation of Health and Safety Code, Chapters 481-485, or another offense reasonably related to the registration sought? <i>(If yes, attach a letter stating circumstances of such actions.)</i>	○ Yes ○ No ○ N/A
EXEMPTION OF FEE	
Does exemption of fee apply? ○ Yes ○ No (If yes attach Certification of Exemption From Fee, Form NAR-80)	

I verify the information provided below is true and correct, and I understand any required fee is **non-refundable**. I also understand this is an official government record and any missing information and/or false statement made on this document or any other supplement provided to DPS may result in criminal prosecution.

Date: MM / DD / YYYY , _____

Signature of EMS Administrator (No Stamped Signatures) _____ (Printed Name)

Consent to Inspect: Signature of the applicant or authorized individual further grants the director or his designee, the right to enter and to inspect the controlled premises or any records required to be kept by the Texas Controlled Substances Act.

Online Payment Instructions

Please visit www.texas.gov/DPS-CSRFee. This will not complete your renewal process, only the payment portion. *Remember, if your Controlled Substances Registration expires, you have **no authority** to manufacture, distribute, prescribe, possess, analyze, dispense or conduct research with a controlled substance.*

Application Submission

DPS cannot renew the registration until a completed renewal application has been submitted and approved. The online payment trace number must be indicated in the appropriate box on the application. Once DPS has approved your application, your renewal certificate will be mailed to the registrant's address.

If submitting Certification of Exemption, NAR-80, include with this application.

- **Online Secured Email**
 - [Contact Us](#), select "Controlled Substances" and complete the online form
 - <https://www.txdps.state.tx.us/rsd/contact/default.aspx>
- **Fax** to (512) 424-5799
- **Mailing Address:** Controlled Substances Registration MSC 0438
Texas Department of Public Safety
P.O. Box 15888
Austin, Texas 78761-5888
- **Customer Contact:** (512) 424-7293

Late Fee Notice: A \$50 late fee will be charged for each renewal application received after the annual expiration date. The former registrations provides the registrant with no authority to manufacture, distribute, prescribe, possess, analyze, dispense or conduct research with a controlled substance after expiration, according to DPS Rule, section 13.29(d).

Privacy Policy

Sec. 559.003. RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES

(a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that:

- (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual;
- (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and
- (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect.

(b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.

Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>